SUPPLEMENTARY TABLE 1. Active pediatric COVID-19 vaccine providers\* 4 and 11 weeks after launch of pediatric COVID-19 vaccination program,<sup>†</sup> by county-level social vulnerability index§ and provider type — United States, November 1, 2021–January 18, 2022

	Social vulnerability index						
Provider type	High	Low	Unknown	Total			
4 weeks after launch, No. (%)							
VFC	6,331 (30.7)	5,873 (32.4)	3 (20.0)	12,207 (31.5)			
FRPP	9,296 (45.1)	7,768 (42.9)	0 (0.0)	17,064 (44.0)			
Federal Entities	583 (2.8)	338 (1.9)	2 (13.3)	923 (2.4)			
Other	4,415 (21.4)	4,149 (22.9)	10 (66.7)	8,574 (22.1)			
Total	20,625 (100)	18,128 (100)	15 (100)	38,768 (100)			
11 weeks after launch, No. (%)							
VFC	7,028 (32.7)	6,131 (33.5)	5 (38.5)	13,164 (33.1)			
FRPP	9,570 (44.6)	8,011 (43.8)	0 (0.0)	17,581 (44.2)			
Federal Entities	572 (2.7)	280 (1.5)	2 (15.4)	854 (2.1)			
Other	4,310 (20.1)	3,871 (21.2)	6 (46.2)	8,187 (20.6)			
Total	21,480 (100)	18,293 (100)	13 (100)	39,786 (100)			

Abbreviations: FRPP = Federal Retail Pharmacy Program; SVI = social vulnerability index; VFC = Vaccines for Children

The SVI index is composed of ranks from lowest (0) to highest (1) vulnerability. Rank cutoffs of 0–0.5 for low SVI and >0.5–1 for high SVI were used.

<sup>\*</sup> Providers included from 62 jurisdiction partners, 21 pharmacy partners, and 5 federal entity partners.

<sup>&</sup>lt;sup>†</sup> November 1, 2021.

SUPPLEMENTARY TABLE 2. Pediatric COVID-19 vaccination administration\* and coverage<sup>†</sup> among children aged 5–11 years 4 and 11 weeks after launch of pediatric COVID-19 vaccination program,<sup>§</sup> by county-level social vulnerability index<sup>¶</sup> — United States, November 1, 2021–January 18, 2022

4 weeks after Total doses administered, No. (%)	launch Coverage (%)	11 weeks afte  Total doses	r launch
	Coverage (%)		
		administered, No. (%)	Coverage (%)
1,682,148 (39.3)	10.5	3,400,630 (43.1)	21.2
2,160,707 (50.5)	17.5	3,584,934 (45.5)	29.0
432,088 (10.1)	_	898,374 (11.4)	_
4,271,943 (100)	15.0	7,883,938 (100)	27.7
_	0.68 (0.60–0.78)	_	0.76 (0.68–0.84)
Second does			
110,338 (38.7)	0.7	2,199,336 (40.4)	13.7
139,986 (49.1)	1.1	2,682,458 (49.3)	21.7
34,723 (12.2)	_	558,510 (10.3)	_
285,047 (100)	1.0	5,440,304 (100)	19.1
_	0.50 (0.20–1.25)	_	0.67 (0.58–0.77)
	2,160,707 (50.5) 432,088 (10.1) 4,271,943 (100) — 110,338 (38.7) 139,986 (49.1) 34,723 (12.2)	1,682,148 (39.3) 10.5 2,160,707 (50.5) 17.5 432,088 (10.1) — 4,271,943 (100) 15.0 — 0.68 (0.60–0.78)  110,338 (38.7) 0.7 139,986 (49.1) 1.1 34,723 (12.2) — 285,047 (100) 1.0	1,682,148 (39.3)       10.5       3,400,630 (43.1)         2,160,707 (50.5)       17.5       3,584,934 (45.5)         432,088 (10.1)       —       898,374 (11.4)         4,271,943 (100)       15.0       7,883,938 (100)         —       0.68 (0.60-0.78)       —         110,338 (38.7)       0.7       2,199,336 (40.4)         139,986 (49.1)       1.1       2,682,458 (49.3)         34,723 (12.2)       —       558,510 (10.3)         285,047 (100)       1.0       5,440,304 (100)

Abbreviations: RR = risk ratio; SVI = social vulnerability index

<sup>\*</sup> Administration data at the county level have a higher level of suppression resulting from cell sizes <10. Suppressed administration data amount to 2,089,102 doses or 11.7%. Administration data included in the analysis are from the 50 states and the District of Columbia only.

<sup>&</sup>lt;sup>†</sup> Coverage estimates by high and low SVI areas were based on a total population of 28,437,397 children ages 5–11 (16,062,686 [56.5%] children in high SVI areas and 12,374,711 [43.5%] children in low SVI areas). RR with corresponding CIs were estimated with generalized estimating equation models using binomial distribution, log link, and independent correlation structure with state fixed effects and robust standard errors.

<sup>§</sup> November 1, 2021.

<sup>&</sup>lt;sup>¶</sup> The SVI is composed of ranks from lowest (0) to highest (1) vulnerability. Rank cutoffs of 0–0.5 for low SVI and >0.5–1 for high SVI were used.

## SUPPLEMENTARY TABLE 3. Pediatric COVID-19 vaccination administration\* of children aged 5–11 years by county-level social vulnerability index<sup>†</sup> and provider type<sup>§</sup>— United States, November 1, 2021–January 18, 2022

	Social vulnerability index					
Provider type	High	Low	Total			
Doses administered 4 weeks after launch, No. (%)						
Jurisdictions	895,406 (49.7)	1,294,242 (57.4)	2,189,648 (54.0)			
FRPP	891,287 (49.4)	958,505 (42.5)	1,849,792 (45.6)			
Federal Entities	16,016 (0.9)	2,791 (0.1)	18,807 (0.5)			
Total	1,802,709 (100)	2,255,538 (100)	4,058,247 (100)			
Doses administered 11 weeks after launch, No. (%)						
Jurisdictions	2,811,686 (50.4)	3,415,893 (55.5)	6,227,579 (53.1)			
FRPP	2,717,210 (48.7)	2,730,124 (44.4)	5,447,334 (46.4)			
Federal Entities	50,039 (0.9)	8,931 (0.1)	58,970 (0.5)			
Total	5,578,935 (100)	6,154,948 (100)	11,733,883 (100)			

Abbreviations: FRPP = federal retail pharmacy program; SVI = social vulnerability index

<sup>\*</sup> Administration data at the county level have a higher level of suppression resulting from cell sizes <10. Suppressed administration data amount to 2,089,102 doses or 11.7%. Administration data included in the analysis are from the 50 states and the District of Columbia only.

<sup>&</sup>lt;sup>†</sup> The SVI index is composed of ranks from lowest (0) to highest (1) vulnerability. Rank cutoffs of 0–0.5 for low SVI and >0.5–1 for high SVI were used.

<sup>§</sup> Providers included from 62 jurisdiction partners, 21 pharmacy partners, and 5 federal entity partners. Provider type in the administration data could not distinguish VFC providers from other providers and are therefore combined at the administration reporting level. Jurisdiction providers include VFC (60%) and other providers (40%).